



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT KOKOMO HOSPITAL

City of Hospital: Kokomo

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$186475295
Outpatient Patient Service Revenue	\$354137401
Total Gross Patient Service Revenue	\$540612696

2. Deductions From Revenue

Contractual Allowance	\$372871545
Other Deductions	\$9150213
Total Deductions	\$382021758

3. Total Operating Revenue

Net Patient Service Revenue	\$153372078
Other Operating Revenue	\$4099556
Total Operating Revenue	\$157471634

4. Operating Expenses

Salaries and Wages	\$31841395	Employee Benefits	\$9588552
Depreciation and Amortization	\$5694052	Interest Expense	\$562604
Bad Debt	\$5218860	Other Expenses	\$90694577
Total Operating Expenses	\$143600040		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19068320	Total Assets	\$67052687
Net Non-operating Gains over Loss	\$-1330	Total Liabilities	\$65142079

Total Net Gains	\$19066990
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$279549219	\$223666482	\$55882737
Medicaid	\$90203295	\$68504476	\$21698819
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$170860182	\$89850800	\$81009382
Total	\$540612696	\$382021758	\$158590938

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$53545	\$222709	\$-169164

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$340314	\$-340314
Hospital Patients	\$0	\$131610	\$-131610
Community Education	\$0	\$142024	\$-142024

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4805
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$14854326
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3477320	
HCI Payments	\$0		
Subtotal	\$0	\$3477320	\$-3477320
Medicaid Shortfalls	\$21656033	\$31902105	
Subtotal	\$21656033	\$35379425	\$-13723392
DSH Payments	\$0		
Subtotal	\$21656033	\$35379425	\$-13723392
Medicare Shortfalls	\$55928076	\$65441000	
Other Government Programs	\$0	\$0	
Total	\$77584109	\$100820425	\$-23236316

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$103287	\$-103287
Community Assessment	\$0	\$379051	\$-379051
Provision of Taxes	\$0	\$10785989	\$-10785989
Other Allocations	\$0	\$0	\$0

Comments

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